

Vermont Human Rights Commission Questionnaire for Public Accommodations Complaints

Your answers to this questionnaire are confidential pursuant to 9 V.S.A. §4555(a). Please print or type your responses. If you have any questions while filling out this form, don't hesitate to contact the HRC at 1-800-416-2010 ext. 0 or 802-828-1625 for assistance.

1. INFORMATION ABOUT YOU

Name: Mr./Ms./Mrs. _____

Mailing address: _____

E-mail address: _____

Home phone: _____ Work phone: _____

Cell phone: _____

If you will be represented by an attorney, please provide the attorney's name and phone number:

Name: _____ Phone number: _____

Have you filed a complaint of discrimination with the Human Rights Commission or any other agency within the last year? If yes, fill in the information below:

Agency name: _____

Approximate date complaint was filed: _____

Complaint or charge number, if known: _____

2. ESTABLISHING JURISDICTION

A. Below are the legal bases for protection from discrimination. If you believe you have experienced discrimination because of your membership in one or more of these protected categories please circle those that apply.

Race

Color

National Origin (please specify)

Religion (please specify)

Sex Male Female

Sexual Orientation (please specify)

Gender Identity (please specify)

Marital Status

Age

Disability

B. Public accommodation action upon which your complaint is based

Denied service

Denied room

Harassed

Denied reasonable accommodation for disability

Given different terms and conditions for services

Other (please specify)

C. What was the most recent date that you were allegedly discriminated against?

If your answer is more than one year before today, please stop and contact the HRC at 800-416-2010, ext. 0 or 802-828-1625 or stop and contact an attorney or your local Vermont Legal Aid office.

3. RESPONDENT INFORMATION

Please provide the following information about the place of public accommodation:

Name of company/business: _____

Name of person you spoke/interacted with and title (if known): _____

Address: _____

Phone number: _____

4. Please complete the following statement: I believe I have been discriminated against for the following reasons (use additional paper as needed):

I understand that the information in this questionnaire may be shared, in whole or part, by the Vermont Human Rights Commission (HRC) with the Respondent identified above.

In order to provide a timely complaint, under penalties of perjury, I declare that I have read this questionnaire and wish to make it my complaint of discrimination and that the facts stated in it are true. I will advise the HRC if I change my address or telephone number and I will cooperate fully with the HRC in the processing of my complaint in accordance with its procedures.

I understand, agree and request HRC assistance.

Signature

Date

Mail or fax to:

Vermont Human Rights Commission
14-16 Baldwin Street
Montpelier, VT 05633-6301
Telephone: 800-416-2010 ext. 0 or 802-828-1625
TTY: 877-294-9200
Fax: 802-828-2481

OPTIONAL QUESTIONS FOR PUBLIC ACCOMMODATION DISCRIMINATION CLAIMS

You are invited to answer any or all of these additional questions either directly on this form or on another sheet of paper. Additionally, you are invited to provide any further information or documents you believe would be helpful.

How frequently was the offensive conduct repeated or was it a one-time incident?

Who was the perpetrator of the offensive conduct?

Were there any witnesses to the incident(s)? If yes, please provide names and contact information.

Did you report the incident(s) to anyone? If yes, when and to whom and what did you tell that person?

Explain how the offensive conduct affected you. Did you suffer physically or psychologically? Did you see a doctor or counselor/therapist?

Is there any documentation of the incident(s)?

Did anyone in the place of public accommodation provide a reason for its conduct towards you? If yes, please explain.

OPTIONAL QUESTIONS FOR DISABILITY DISCRIMINATION CLAIMS

Do you have medical documentation describing the limitations caused by your disability?

Is your condition permanent or temporary?

Do you receive SSI or SSDI?
Did you request an accommodation?

What accommodation did you ask for and who did you ask (name and position of person)?

What was the place of public accommodation's response to your request for an accommodation?

What reason did the place of public accommodation give for its response to your request for accommodation?

Did the place of public accommodation offer a different accommodation? If yes, please explain.

Updated 12/08